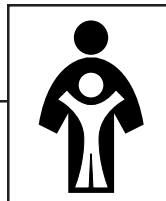# 1997
CALIFORNIA MENTOR PROGRAM DIRECTORY
SURVEY QUESTIONNAIRE
REVISED OCTOBER 1997

INSTRUCTIONS

Please review the enclosed Quality Assurance standards and complete (type or print clearly) the following questionnaire survey regarding your mentor program. Please consider the following before completing the survey:

- *Information submitted should describe your mentor program as it **currently** exists. If you are in the process of developing your program, or are applying for funding to start a mentor program, please retain this survey and submit it to us once your program is functional.*

- *Only programs which have an established policy which prohibits discrimination on the basis of gender, race, color, ancestry, national origin, physical disability, mental disability, or medical condition will be included as part of this directory and database.*

**Please Fax Completed Questionnaires to
the Mentor Resource Center at (916) 323-1270**

If you are not able to FAX the questionnaire, please mail it to:

California Mentor Initiative Office
SURVEY RESPONSE
1700 "K" Street
Sacramento, CA 95814

If you have any questions about this questionnaire, please call the Mentor Resource Center at (800) 444-3066.

Thank you for your participation.

PROGRAM IDENTIFYING DATA

Date Survey Completed: _____

Agency: _____ Director: _____

Mentoring Program Name: _____

Contact/Coordinator: _____

Address: _____

City: _____ County: _____ State: ___ Zip: _____

Telephone: _____ FAX: _____

E-mail address: _____

Program start date: _____

Internet Web site address, if any: _____

Does this program have a non-discrimination policy as described in the above

instructions? ☐ Yes ☐ No

QUALITY ASSURANCE INFORMATION

Please refer to the CMI Quality Assurance Standards Document for completing the next section of this survey.

The following definitions of mentoring and at-risk were accepted by the California Mentor Coalition on May 14, 1997. Please respond to the questions in this survey by referring to these definitions.

Mentoring is a relationship over a prolonged period of time between two or more people where older, wiser, more experienced individuals provide constant, "as needed" support, guidance, and concrete help to the younger at-risk persons as they go through life. An "***at-risk***" youth is a minor whose environment increases their chance of becoming a teen parent, school dropout, gang member, or user of alcohol and drugs.

1

A. Does your organization have a long-range (next three years) plan?

☐ Yes ☐ No

If yes, please state three of your highest priority goals:

1. _____

_____

2. _____

_____

3. _____

_____

B. Does your organization have a long range (at least three years) fiscal plan?

☐   Yes   ☐   No

Please provide a percentage of the overall budget of your organization that is derived from the following sources:

Local/state/federal government grants: ____% Fundraising: ____%
Grants from foundations: ____%   In-kind: ____%
Internal sources: ____%   Fee for services: ____%
Other: ____%   Please explain briefly:_____

_____

_____

C. Does your organization have liability insurance?

☐   Yes   ☐   No

2 Do you have a recruitment plan for mentors and mentees?

☐   Yes   ☐   No

If yes, what is your recruitment goal in the next three (3) years?
mentors: _____ # mentees: _____

3 Does your program have an orientation process for mentors and mentees?

Mentors: ☐ Yes   ☐ No
Mentees: ☐ Yes   ☐ No

4 Does your program have a screening process for new mentors?

☐   Yes   ☐   No

If yes, please check all of the following that apply:

☐ Application
☐ Department of Motor Vehicles
☐ Face to Face Interview
☐ Federal Criminal History Record (fingerprinting)
☐ Local Criminal History Record (fingerprinting)
☐ Personal References
☐ State Criminal History Record (fingerprinting)
☐ Other, please explain:_____

_____

5 Does your program have a training curriculum for mentors and mentees?

Mentors: ☐ Yes ☐ No
Mentees: ☐ Yes ☐ No

6 Does your mentor program have criteria for matching mentors with mentees?

☐ Yes ☐ No

If yes, do the matching criteria include any of the following? Check all applicable:

☐ Personality profile ☐ Skills identification ☐ Gender
☐ Age level ☐ Language ☐ Ethnicity
☐ Level of education ☐ Career/Occupation
☐ Other; specify: _____

_____

7 Does your program have a monitoring process that tracks the progress and challenges of the mentoring relationship?

☐ Yes ☐ No

8 Does your program have a way to support and recognize your mentors and mentees (such as peer support groups, ongoing training, social gatherings, etc)?

☐ Yes ☐ No

9 Does your program have a process for closure of the match, including an exit interview?

☐ Yes ☐ No

10 Does your program have a process for evaluating the effectiveness of the mentor/mentee match?

☐ Yes ☐ No

11 Is your program interested in receiving information about free technical assistance?

☐ Yes ☐ No

PROGRAM CHARACTERISTICS

1 In which of the following settings is the mentoring program located? Check:

☐ School-based ☐ Community-based ☐ Corporate-based
☐ Other; specify: _____

_____

2 Does your program provide mentoring services outside of the county where it is located? ☐ Yes ☐ No

If yes, please list all counties where your program provides services:

a_____ b_____

c_____ d_____

e_____ f_____

3 How would you describe your mentoring program structure? Check all that apply:

☐ One-on-one mentoring format
☐ Job skills/economic opportunity
☐ Team mentoring format (a team forms a relationship with one or more youth)

☐ Academic tutoring format
☐ Group mentoring (one mentor with group of young people)
☐ Other; specify: _____
_____

4 What are the major categories of services you provide to your mentees? Check all that apply.

☐ Education/tutoring
☐ Personal guidance
☐ Social development
☐ Other; specify: _____

☐ Skills development
☐ Counseling/supportive services
☐ Athletics/sports

_____

5 Please indicate the major focus areas for your mentoring program for 1996. Check all that apply:

☐ School dropout/academic failure
☐ Alcohol/drug involvement
☐ Other; Specify: _____

☐ Youth violence/gang involvement
☐ Teen pregnancy

_____

6 Does your mentoring program offer services to any of the following physically or mentally impaired groups or individuals? Check all applicable:

☐ Visually impaired   ☐ HIV+ and AIDS
☐ Alcoholism   ☐ Drug addiction
☐ Mobility impaired, such as use of a wheelchair
☐ Hearing impaired, such as deaf and hard of hearing
☐ Other; specify: _____

_____

7 Does your mentoring program offer alternative means of communication for the physically impaired? Check:

Visually impaired: ☐ Yes   ☐ No
Hearing impaired: ☐ Yes   ☐ No

MENTOR INFORMATION

1 Approximately, how many mentors were matched in your program during calendar year 1996?: _____

2 What percentage of the mentors are:

Male _____%   Female _____%

3 Approximately what percentage of the mentors are within the following age groups?:

16-18 _____ %   18-24 _____ %   25-34 _____ %   35-44 _____ %

45-54 _____ %   55-65 _____ %   66+ _____ %

4 What is the expected level of time commitment for mentoring program mentors.

Number of hours per week: _____   Number of hours per month: _____

Number of years: _____   Number of months: _____

Other; specify: _____

_____

5 What are the mentor training time requirements of your program?

Number of hours: _____ or Number of days: _____

MENTEE INFORMATION

1 How many mentees were served during calendar year 1996?:_____

2 What percentage of the mentees were:

Male _____% Female _____%

3 What percentage of the mentees were within the following age group categories during calendar year 1996?:

_____% 5-10 _____% 11-15 _____% 16-18 _____% Other

4 What percentage of the mentees fell within the following ethnic/racial group categories for calendar year 1996?:

_____% American Indian _____% Asian

_____% Pacific Islander _____% Hispanic/Latino

_____% African American _____% White

_____% Other groups; specify: _____

5 Does your mentoring program reach out to mentees within the following environments? Check all applicable:

☐ Schools ☐ Communities ☐ Inner-city neighborhoods
☐ Gangs ☐ Shelters ☐ Church/Faith-based
☐ Other; specify: _____

6 Approximately what percentage of the mentees were referred from the following sources?:

____% Home _____% School
____% Self referred _____% Justice system, courts, probation
____% Religious organization _____% Community agency
____% Other; specify: _____

7 How many young people are currently waiting for mentor services from your program, if any?: _____

8 On average, how long is the wait before a mentee is matched with a mentor?

days: _____ or # months: _____